

Part I

General Information

1

Name of organization
Farmers Employees & Agents Political Action Committee of Okla.

Employer identification number
94 : 3369418

2

Mailing address (P.O. Box or number, street, and room or suite number)
6666 South Sheridan - Suite 110
City or town, state, and ZIP code
Tulsa, Oklahoma 74133

3

E-mail address of organization

4a

Name of custodian of records
David W. Bryant

4b

Custodian's address
6666 South Sheridan - Suite 110
Tulsa, Oklahoma 74133

5a

Name of contact person
David W. Bryant

5b

Contact person's address
6666 South Sheridan - Suite 110
Tulsa, Oklahoma 74133

6

Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
City or town, state, and ZIP code

Part II

Purpose

7

Describe the purpose of the organization
The purpose of FEAPAC is to promote good citizenship through the financial participation of its contributors in the elective process at the State level of government. FEAPAC is not affiliated with any political party but, instead, is organized and operated on a voluntary, non-partisan basis to protect, preserve, and further the American free enterprise system.

Part III

List of All Related Entities (see instructions)

8a	Name of related entity	8b	Relationship	8c	Address
	Farmers Insurance Group of Companies				4680 Wilshire Blvd. Los Angeles, California 90010

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Part IV List of All Officers, Directors, and Highly Compensated Employees (see instructions)

9a Name	9b Title	9c Address
Phil Maloney	Chairman	7625 East 51st, Suite 200 Tulsa, Oklahoma 74145
Ron Coble	Vice-Chairman	5314 So. Yale, Suite 305 Tulsa, Oklahoma 74135
David W. Bryant	Secretary/ Treasurer	6666 S. Sheridan, Suite 110 Tulsa, Oklahoma 74133
Valerie Gallo Mobley	Governmental Affairs Representative	5314 So. Yale, Suite 305 Tulsa, Oklahoma 74135
James Chaplin	Director	901 So. Bailey Hobart, Oklahoma 73651
Brian Kennedy	Director	111 East Frank Phillips Blvd. Bartlesville, Oklahoma 74003
Don Chitwood	Director	2005 Broadway Poteau, Oklahoma 74953
Jack Guenther	Director	P. O. Box 470244 Tulsa, Oklahoma 74147
Rick Newby	Director	560 West Boeing, Suite A Midwest City, Oklahoma 73110
Lee Norton	Director	P. O. Box 1034 Hinton, Oklahoma 73047
Scott Stuart	Director	P. O. Box 2110 Edmond, Oklahoma 73083

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign
Here**

Signature of authorized official

Date



Form SS-4 (Rev. April 2000) Department of the Treasury Internal Revenue Service	Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.) ► Keep a copy for your records.	EIN 94-3369418 OMB No. 1545-0003																			
Please type or print clearly.	1 Name of applicant (legal name) (see instructions) Farmers Employee & Agent Political Action Committee of Oklahoma																				
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name Dave Bryant																			
	4a Mailing address (street address) (room, apt., or suite no.) 6666 S. Sheridan, Suite 110	5a Business address (if different from address on lines 4a and 4b) Same																			
	4b City, state, and ZIP code Tulsa, OK 74133	5b City, state, and ZIP code																			
	6 County and state where principal business is located Tulsa, OK																				
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ► Phil Malloney, Chair																				
	8a Type of entity (Check only one box.) (see instructions) Caution: If applicant is a limited liability company, see the instructions for line 8a. <table><tr><td><input type="checkbox"/> Sole proprietor (SSN)</td><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> Personal service corp.</td><td><input type="checkbox"/> Estate (SSN of decedent)</td><td><input type="checkbox"/> Plan administrator (SSN)</td></tr><tr><td><input type="checkbox"/> REMIC</td><td><input type="checkbox"/> State/local government</td><td><input type="checkbox"/> National Guard</td><td><input type="checkbox"/> Other corporation (specify) ►</td><td><input type="checkbox"/> Trust</td></tr><tr><td><input type="checkbox"/> Church or church-controlled organization</td><td><input checked="" type="checkbox"/> Other nonprofit organization (specify) ► PAC</td><td><input type="checkbox"/> Farmers' cooperative</td><td><input type="checkbox"/> Federal government/military</td><td></td></tr><tr><td><input type="checkbox"/> Other (specify) ►</td><td colspan="4">(enter GEN if applicable)</td></tr></table>		<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Plan administrator (SSN)	<input type="checkbox"/> REMIC	<input type="checkbox"/> State/local government	<input type="checkbox"/> National Guard	<input type="checkbox"/> Other corporation (specify) ►	<input type="checkbox"/> Trust	<input type="checkbox"/> Church or church-controlled organization	<input checked="" type="checkbox"/> Other nonprofit organization (specify) ► PAC	<input type="checkbox"/> Farmers' cooperative	<input type="checkbox"/> Federal government/military		<input type="checkbox"/> Other (specify) ►	(enter GEN if applicable)		
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<input type="checkbox"/> Other (specify) ►	(enter GEN if applicable)																				
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State Foreign country																			
9 Reason for applying (Check only one box.) (see instructions) <input type="checkbox"/> Started new business (specify type) ► <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Created a pension plan (specify type) ► <input type="checkbox"/> Banking purpose (specify purpose) ► <input type="checkbox"/> Changed type of organization (specify new type) ► <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ► <input type="checkbox"/> Other (specify) ►																					
10 Date business started or acquired (month, day, year) (see instructions) MAY 1992		11 Closing month of accounting year (see instructions)																			
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)																					
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)		Nonagricultural <input type="radio"/> Agricultural <input type="radio"/> Household <input type="radio"/>																			
14 Principal activity (see instructions) ►																					
15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ►		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																			
16 To whom are most of the products or services sold? Please check one box. <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ►		<input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> N/A																			
17a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																			
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ► Trade name ►																					
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed		Previous EIN																			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Dave Bryant		Business telephone number (include area code) (918) 495-1411 Fax telephone number (include area code) (918) 495-1522																			
Name and title (Please type or print clearly.) ►																					
Signature ► 		Date ► 7/28/2000																			
Note: Do not write below this line. For official use only.																					
Please leave blank ►	Geo.	Ind.																			
		Class																			
		Size																			
		Reason for applying																			